

**Public Hearing
Bill 16-398, Department of Disability Services
Establishment Act of 2005**

**Committee on Human Services
The Honorable Adrian Fenty, Chair**

Council of the District of Columbia



**Testimony of
Neil Albert
Deputy Mayor for Children, Youth, Families and
Elders
Government of the District of Columbia**

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Good morning Chairman Fenty and members of the Committee on Human Services, my name is Neil Albert and I am the Deputy Mayor for Children, Youth, Families and Elders. I am pleased to testify before you today on Bill 16-398, the Department of Disability Services Establishment Act of 2005, introduced by Council members Fenty and Gray, the ultimate goals of which we support. The Williams Administration recognizes the importance of coordinating the delivery of services for people with disabilities and improving the community-based system of care to all children and adults living with a disability. We must however improve our system of care for all people with disabilities while continuing our reform efforts targeted at consumers living with mental retardation and developmental disabilities.

Before I address the content of the bill, I would like to provide you with an update on the status of the Mental Retardation Developmental Disabilities Administration (MRDDA), which has undergone significant changes to improve the quality and timeliness of the delivery of critical services and supports to persons living with mental retardation and developmental disabilities.

As you know, the Department of Human Services delegated its authority over MRDDA to the new administrator, Marsha Thompson, including procurement, hiring, and budget authority earlier this month. Ms. Thompson reports directly to me and as such has the authority to ensure that all MRDDA consumers are served more effectively.

This delegation of authority became effective on October 1st. We intend this delegation to achieve increased responsiveness and efficiency in areas such as:

- A smoother hiring, quicker contracting, and better tracking of service costs through consolidation of functions into one division, overseen by a seasoned manager;
 - Specifically, filling 5 critical positions as well as taking personnel action to remove or reassign inappropriately placed employees;
- Improved coordination of waiver services by placing the Home and Community-Based Services (HCBS) waiver services and Community-Based services into one division, where each supports the other in resource development and eligibility determination;
- Improved communication through the development of an Office on Policy within the Program Integrity Division, where it can be directly informed by Quality Assurance and identify training needs;
- Improved accessibility and communication from MRDDA to citizens and staff members through the newly developed Outreach Office; and
- Improved communication and accountability by having the Incident Management and Investigations Unit (IMIU) report to MRDDA as of November 1st, with the goal of creating more seamless and quicker responses to incidents jeopardizing the health, safety, and well being of MRDDA's customers.

The reason I give you this update first is that it informs our position on the proposed disabilities legislation. I want to state clearly and unequivocally that the Administration supports the goals of the proposed legislation. We, too, believe that the issues facing the disabled should receive increased visibility; that services to the disabled should be

coordinated; and that the disabled should not be segregated and divided into separate groups. However, we do not believe that the creation of a large, bureaucratic agency will best serve the critical and immediate needs of the disabled in the District of Columbia.

In fact, we considered several approaches when deciding what structure would best serve the persons living with MR and DD in the community and their essential needs most immediately. After considering creating a deputy director for disabilities in DHS, and an umbrella disabilities agency as is proposed here, we decided that a delegation of authority from DHS to MRDDA and direct report to me would result in the least disruption and the timeliest fix based on the critical nature of the changes needed at MRDDA.

I would note that during our consideration we found only three states (SC, FL and MD) that have stand-alone disabilities agencies. Of those few, Maryland is the most recent, and has evolved initially out of the Governor's Office as a policy department, not a service providing agency. The Maryland approach calls for a master plan for how agencies serving people with disabilities will work together to accomplish established goals. It does not immediately bring disability service agencies under its management authority as is proposed here.

Combining the various administrations that serve the disabled may result in some unintended difficulties. For example, combining administrations with different core competencies and missions may create conflicts over resources and priorities. In particular, the specific requirements on funding streams for categorical programs may

result in budget complications. Consideration should also be given to court orders.

Currently, MRDDA is under a court order which could result in unnecessary scrutiny by court monitoring on the other services and functions provided by a combined disabilities agency.

Thus, while consolidating disability services such as MRDDA, RSA into a separate disabilities agency is a concept worthy of consideration in future years, timing is critical. MRDDA currently is undergoing a realignment of its management and operations to respond more effectively to the immediate needs of its constituents and to the current requirements of the Court in *Evans*. The Administration believes that there should be an opportunity for these changes to take effect fully and to begin to tangibly affect the quality of services MRDDA consumers are receiving.

Shifting MRDDA's current focus from the immediate task of improving the quality of life for individuals with mental retardation and developmental disabilities to the demands and tasks associated with the establishment of a new department and corresponding development of a new infrastructure is not advisable at this time. With a staff of over 250 and approximately 1,900 consumers to serve, it is complicated and counter-productive to continually alter the structure of MRDDA. Such a change at this point in our reform efforts will distract MRDDA from their efforts in forging an effective service delivery system and refocus it yet again on another change process. This will have the unintended effect of further delaying the time when the District begins to demonstrate more positive

outcomes for MRDDA consumers, and the time the District can expect to be free from Court oversight.

We are very concerned that the improvements we are striving to make at MRDDA will be lost in the incorporation into a larger government agency. While we do not yet know if sufficient changes will result from the current delegation of authority, we want to give it adequate time to work before disrupting an administration that is in a position to receive the focus and resources it needs to best serve its clients.

We understand that the proposed bill would do more than affect MRDDA consumers, including ADA compliance, policy making, and the services of RSA. However, we do not believe that the proposed structure would better serve these needs either.

Consolidating existing pieces of our bureaucracy without strengthening the component parts will not necessarily result in better services and outcomes. Instead the Williams administration will continue to focus on strengthening the entities responsible for serving people with disabilities. Through the Office of the City Administrator we are bringing a higher level of accountability to ADA compliance among agencies including requiring compliance plans of agency directors and the current discussion underway to centralize enforcement under a single agency.

We are revisiting the roles, structure, oversight and composition of the Mayor's Council on Disabilities, the Developmental Disabilities Council and other councils and task forces to strengthening their missions and effect on disability services in DC. We may even

considering combining those policy bodies if it makes sense to do so. In particular, as I have emphasized, we must give serious consideration in particular to the affect of any reorganization on persons with mental retardation and developmental disabilities who we serve through MRDDA.

Serving its consumers is the central goal of an agency, in any form, and so those consumers' immediate needs must be paramount in any governmental structure. Thus, any approach taken by the Council or the Administration to combining multiple populations and multiple administrations in any area must be paced and deliberative. It must involve a careful, phased-in approach to ensure that all affected parties may come to the table with their concerns and that our agencies are not hampered in their ability to serve their unique client constituencies.

In conclusion, I would ask that you reconsider any plan to alter the current structure of our administrations that provide services to the disabled. In particular, I would ask that you allow the recent changes at MRDDA to take effect and inform whether delegation of authority in effect today can effectuate more immediate improvements in the lives of our consumers or whether the consolidation you propose will best serve the disabled community.

Thank you for this opportunity to testify. I am available to answer any questions you may have.